Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD) OMB No.: 0938-	-
	State:	Indiana	
Citation 1902(a)(52 and 1925 o the Act		Families Receiving Extended Medicaid Benefits Services provided to families during the firs 6-month period of extended Medicaid benefits Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as descri ATTACHMENT 3.1-A (or may be greater if provid through a caretaker relative employer's healt	t under bed in
	(b)	insurance plan). Services provided to families during the seco 6-month period of extended Medicaid benefits section 1925 of the Act are	nd
		Equal in amount, duration, and scope to services provided to categorically need recipients as described in <u>ATTACHMENT 3</u> may be greater if provided through a carrelative employer's health insurance plants.	y AFDC <u>.1-A</u> (or retaker
		Equal in amount, duration, and scope to services provided to categorically need recipients, (or may be greater if provident through a caretaker relative employer's insurance plan) minus any one or more of following acute services:	y AFDC ded health
		// Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of older.	1
		/// Medical or remedial care provided by licensed practitioners.	
		// Home health services.	
	•		
TN No. 91- Supersedes TN No. 90-	Approval	Date 3-/3-92 Effective Date 1-1-9	92
	*************************************	HCFA ID: 7982E	

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Revision:	HCFA-PM-91- 4	(BPD)
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AUGUST 1991

	State: _	Inc	liana
<u>Citation</u>	3.5	Families (Continu	Receiving Extended Medicaid Benefits ed)
		<u></u>	Private duty nursing services.
			Physical therapy and related services.
		_7	Other diagnostic, screening, preventive, and rehabilitation services.
		<i>_</i> 7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		_7	Intermediate care facility services for the mentally retarded.
		<u>_</u> 7	Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-17					
Supersedes TN No. 90-15	Approval	Date	3-13-92	Effective Date	1-1-92
TN No. 90-15					

HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OF T	A 9 3 8 -
	State:	Inc	diana	ML
Citation		milies Re ontinued)	ceiving Extended Medicaid Bene	fits
	(c) <u>/</u> ,	fees, for h	gency pays the family's premiu deductibles, coinsurance, and ealth plans offered by the car eyer as payments for medical as	similar costs etaker's
			1st 6 months / / 2nd 6	months
	Ĺ.,	emplo	gency requires caretakers to e yers' health plans as a condit bility.	nroll in ion of
		_7	1st 6 mos 2nd 6 mo	s.
	(d)∠_/	fa ex	e Medicaid agency provides ass milies during the second 6-mon tended Medicaid benefits throu llowing alternative methods:	th period of
		_7	Enrollment in the family opti employer's health plan.	on of an
		_7	Enrollment in the family opti employee health plan.	on of a State
		<u></u>	Enrollment in the State healt uninsured.	h plan for the
			Enrollment in an eligible hea organization (HMO) with a pre of less than 50 percent Medic (except recipients of extende	paid enrollment aid recipients
111 110.	1-17	2	-/3-92 Effective Date	1 1 02
Supersedes TN No. 90	O-15 Approval	Date _2	Fffective Date _	1-1-92

HCFA ID: 7982E



Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD) OMB No.: 0938-
	State: _	Indiana
<u>Citation</u>		amilies Receiving Extended Medicaid Benefits Continued)
		<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.
	(2)	The agency
		(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
	<u></u>	(ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 91-17 Supersedes Approval TN No. 90-15	Date 3-/3-92	Effective Date	1-1-92

HCFA ID: 7982E